

Board of Fire and Police Commission VILLAGE OF INDIAN HEAD PARK

POLICE OFFICER APPLICATION – FOR CERTIFIED CANDIDATES

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly, it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term 'DNA' if the question does not apply.

1. NAME (LAST) (FIRST) (MIDDLE)			2. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDING MAIDEN NAME IF APPLICABLE)		
3. HOME ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)				4. PHONE ()	5. SOCIAL SECURITY NUMBER / /
6. WITH WHOM DO YOU LIVE AT THE ABOVE ADDRESS? LIST FULL NAMES AND RELATIONSHIPS					
7. DATE OF BIRTH MONTH DAY YEAR / /		8. PLACE OF BIRTH (CITY, STATE, ZIP)			9. SEX
					10. HEIGHT FT. IN.
11. WEIGHT		12. AGE		13. COLOR OF EYES	
				14. COLOR OF HAIR	
15. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NATIVE BORN <input type="checkbox"/> NATURALIZED				IF 'NATURALIZED', PLEASE GIVE PARTICULARS:	
16. LIST EVERY MEMBER OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING, INCLUDING FATHER, MOTHER, SISTERS, AND BROTHERS.					
NAME		RELATIONSHIP		ADDRESS	

SOCIAL STATUS

17. ARE YOU SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
18. ARE YOU LIVING WITH YOUR SPOUSE?		IF 'NO' PLEASE EXPLAIN	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
19. GIVE FOLLOWING INFORMATION REGARDING MARRIAGE OR MARRIAGES			
DATE	WHERE	WIFE'S MAIDEN NAME	
20. IF A MARRIAGE TO WHICH YOU WERE A PARTY WAS EVER DISSOLVED, FILL OUT THE FOLLOWING:			
ACTION	EXPLAIN	TO WHOM WAS ACTION GRANTED?	
SEPARATED			
DIVORCED			
ANNULLED			
21. ARE YOU PAYING ALIMONY?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:	
22. IF DIVORCED, LIST THE NAME(S) OF YOUR PREVIOUS SPOUSES(S) AND WHERE THEY RESIDE			
23. LIST BELOW EVERY CHILD BORN TO YOU, ADOPTED BY YOU AND STEPCHILDREN			
NAME	DATE OF BIRTH	PLACE OF BIRTH	WHERE DOES CHILD LIVE AND WITH WHOM?
24. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU ADOPTED BY YOU AND STEPCHILDREN?		IF 'NO' EXPLAIN FULLY	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
25. HAVE YOU BEEN NAMED AS THE NATURAL FATHER IN A PATERNITY PROCEEDING?		IF 'YES' EXPLAIN FULLY	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
26. ARE YOU PAYING CHILD SUPPORT?		IF 'YES' EXPLAIN FULLY	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

FORMAL EDUCATION (NON-LAW ENFORCEMENT COURSES)

27. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED					
NAME AND ADDRESS OF SCHOOL (INCLUDE CITY, STATE, AND ZIP CODE)	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	GRADUATE		AVERAGE GRADE
			YES	NO	
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
COMMUNITY COLLEGES, JUNIOR COLLEGES					
BUSINESS COLLEGES					
EXTENSION OR CORRESPONDENCE COURSES					
28. WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN				
29. LIST OTHER FORMAL EDUCATION YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES					
30. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD					

DRIVING HISTORY

31. CAN YOU OPERATE AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	32. DO YOU POSSESS A VALID OPERATOR'S OR CHAUFFEUR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' WHAT IS THE EXPIRATION DATE?	DRIVER'S LICENSE NUMBER
33. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S OR CHAUFFEUR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN		34. HAVE YOU EVER HAD AN OPERATOR'S OR CHAUFFEUR'S LICENSE IN A STATE OTHER THAN ILLINOIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
35. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN		
36. HAS YOUR LICENSE EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN		

RESIDENCES

37. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH YOUR PRESENT ADDRESS			
FROM (MO. & YR)	TO (MO. & YR)	ADDRESS OF RESIDENCE	CITY, STATE AND ZIP
38. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		39. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' GIVE LOCATION

MILITARY SERVICE

40. HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' WHICH BRANCH?	41. HIGHEST RANK HELD	42. RANK AT DISCHARGE
43. WHAT WAS YOUR MILITARY OCCUPATION?		44. TYPE OF DISCHARGE (BE EXACT)	
45. GIVE DATE AND LOCATION OF ENTRY TO ACTIVE DUTY	LIST PERIOD(S) OF ACTIVE SERVICE		LOCATION
	FROM (DATE)	TO (DATE)	
46. GIVE DATE AND LOCATION OF DISCHARGE	DATE		LOCATION

MILITARY SERVICE (CONTINUED)

47. WERE YOU EVER CONVICTED AT COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN		
48. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN ANY MILITARY ORGANIZATION			
49. ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' WHICH COMPONENT? <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	RANK	UNIT / LOCATION
50. IF YOU HAD NO MILITARY SERVICE, ARE YOU REGISTERED WITH YOUR DRAFT BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT DRAFT CLASSIFICATION	DRAFT BOARD NO.	ADDRESS, CITY, STATE, AND ZIP CODE

CRIMINAL HISTORY

51. HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> NO <input type="checkbox"/> YES IF 'YES' EXPLAIN	DATE	BY WHOM (POLICE DEPT.)	CRIME CHARGED	DISPOSITION OF CASE
52. HAVE YOU EVER BEEN PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF 'YES' PLEASE EXPLAIN		
53. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$25.00? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF 'YES' PLEASE EXPLAIN		
54. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF 'YES' PLEASE EXPLAIN DETAILS, INCLUDING JURISDICTION, DATES & OUTCOME		
55. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF 'YES', PLEASE EXPLAIN		
56. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY	DATE	PURPOSE
57. HAVE YOU EVER PLEAD GUILTY OR BEEN FOUND GUILTY OF ANY CRIMINAL CHARGE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF 'YES' EXPLAIN	DATE	BY WHOM (POLICE DEPT.)	CRIME CHARGED	DISPOSITION OF CASE

TRAFFIC HISTORY

58. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED			
LOCATION (CITY/VILLAGE)	APPROXIMATE DATE	NATURE OF VIOLATION	DISPOSITION OF CASE

59. ARE THERE ANY WARRANTS – TRAFFIC OR OTHERWISE – NOW PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN <div style="height: 40px;"></div>
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EMPLOYMENT HISTORY

60. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES' EXPLAIN IN DETAIL	AGENCY	APPROXIMATE EXAM DATE	STATUS

61. ARE YOU NOW ON ANY ELIGIBILITY LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN <div style="height: 40px;"></div>
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62. WERE YOU EVER PLACED ON AN ELIGIBILITY LIST AND NOT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN <div style="height: 40px;"></div>
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63. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN <div style="height: 40px;"></div>
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64. HAVE YOU EVER SUBMITTED AN APPLICATION FOR APPOINTMENT TO ANOTHER POLICE DEPARTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE PROVIDE LOCATION AND DATE <div style="height: 40px;"></div>
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65. HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER OR HELD A SIMILAR POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' POSITION	DATE (FROM)	DATE (TO)	LOCATION

EMPLOYMENT HISTORY (CONTINUED)

66. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN OR AGREED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE OR WHILE UNDER INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF 'YES' PLEASE EXPLAIN					
67. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN				
68. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.					
1	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
	NAME AND TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
2	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
	NAME AND TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
3	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
	NAME AND TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
4	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
	NAME AND TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
5	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
	NAME AND TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	
6	EMPLOYERS NAME	ADDRESS		TYPE OF BUSINESS	
		PHONE NO.			
	NAME AND TITLE OF SUPERVISOR	FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE			REASON FOR LEAVING	

EMPLOYMENT HISTORY (CONTINUED)

7	EMPLOYERS NAME		ADDRESS		TYPE OF BUSINESS	
			PHONE NO.			
	NAME AND TITLE OF SUPERVISOR		FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING	

8	EMPLOYERS NAME		ADDRESS		TYPE OF BUSINESS	
			PHONE NO.			
	NAME AND TITLE OF SUPERVISOR		FROM	TO	SALARY PER MONTH	EXACT TITLE OR POSITION
	EXPLAIN WHAT YOUR DUTIES WERE				REASON FOR LEAVING	

69. INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS WHOM YOU DO NOT WISH US TO CONTACT		EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION	
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CREDIT HISTORY

70. LIST THREE COMMERCIAL OR BUSINESS CREDIT REFERENCES (Include Bank Or Charge Accounts Or Any Firms You Have Borrowed Money From For Any Purpose)				
NAME AND ADDRESS OF FIRM		TYPE OF BUSINESS	AMOUNT	APPROXIMATE DATE
			\$	
			\$	
			\$	

71. HAVE YOU EVER BEEN SUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN
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72. LIST ANY OUTSTANDING DEBTS AND LIST AMOUNT(S) AND WHETHER IN ARREARS					
AMOUNT OF ORIGINAL DEBT	AMOUNT NOW OWED	IN ARREARS		AMOUNT OWED TO	
		YES	NO	NAME	ADDRESS
\$	\$				
\$	\$				
\$	\$				

73. HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF 'YES' PLEASE EXPLAIN
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ACQUAINTANCES

74. FILL IN BELOW THE NAME OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW CO-WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS WHO HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR					
1	NAME		ADDRESS		HOME PHONE
	BUSINESS ADDRESS		BUSINESS OCCUPATION	HOW DO YOU KNOW THIS PERSON?	BUSINESS PHONE

ACQUAINTANCES (CONTINUED)

2	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION	HOW DO YOU KNOW THIS PERSON?	BUSINESS PHONE
3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION	HOW DO YOU KNOW THIS PERSON?	BUSINESS PHONE

REFERENCES

75. FILL IN BELOW THE NAMES OF FIVE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYEES, WHO HAVE KNOWN YOU FOR A PERIOD PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN
2	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN
3	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN
4	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN
5	NAME	ADDRESS		PHONE
	BUSINESS ADDRESS	BUSINESS OCCUPATION OR PROFESSION		YEARS KNOWN

PERSONAL HISTORY

76. Do you have full-time police experience in a city, county, or state agency and have you completed one year of service in addition to the probationary period? If YES, please indicate where and the dates of service:	<input type="checkbox"/> YES <input type="checkbox"/> NO
77. Were you given a psychological examination for any police officer position? If YES, please indicate for which department(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
78. Were you given a polygraph examination for any police officer position? If YES, please indicate for which department(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL HISTORY (CONTINUED)

79. Have you ever had a break in service in your law enforcement career? If YES, list dates not in active service, duration of break, and reason for break in service:	<input type="checkbox"/> YES <input type="checkbox"/> NO
80. Have you ever been certified as a police officer in any other state? If YES, where and dates of employment:	<input type="checkbox"/> YES <input type="checkbox"/> NO
81. Have you ever held a Part-Time Police Officer position? If YES, where and dates of employment:	<input type="checkbox"/> YES <input type="checkbox"/> NO
82. Have you ever held any other professional licenses or certifications? If YES, please list:	<input type="checkbox"/> YES <input type="checkbox"/> NO

LAW ENFORCEMENT TRAINING

83. Please describe courses taken relating to police work, including the basic police academy. (You may also attach copies of course if appropriate)	
Course Title:	
Training Provider:	
Dates of Course:	Hours:
Course Title:	
Training Provider:	
Dates of Course:	Hours:
Course Title:	
Training Provider:	
Dates of Course:	Hours:
Course Title:	
Training Provider:	
Dates of Course:	Hours:

LAW ENFORCEMENT TRAINING (CONTINUED)

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

Course Title:	
Training Provider:	
Dates of Course:	Hours:

AREAS OF POLICE EXPERIENCE

84. Describe all duty and specialty assignments in your police career such as traffic, investigations, narcotics, community relations, crime prevention, training of officers, patrol, administration, public education, etc. Note the duration of each assignment and where held.

[illegible]

WORK ACTIVITIES

85. Describe all information related to the following areas:

Innovative programs you implemented or recommended:

Commendations and/or special achievements:

Experience using computer software:

I hereby certify that there are no willful misrepresentations or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief.

SIGNATURE IN FULL

DATE

NOTE: Should you successfully complete all other phases of the examination process, you will be subjected to a thorough medical evaluation prior to appointment. The medical evaluation may include testing for drugs/narcotics, communicable diseases including the AIDS virus and alcohol abuse. You will be required to give a full medical history and may be required to meet vision standards by the Village of Indian Head Park.

CONTINUATION SHEET

QUESTION NUMBER	CONTINUATION OF ANSWER

QUESTION NUMBER	CONTINUATION OF ANSWER

**Village of Indian Head Park
PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING**

JOB APPLICANT CONSENT FORM

I, _____, understand that I must take and pass a drug test if I want to be hired by the Village of Indian Head Park.

I know I may refuse to take and test if I wish, but that my refusal will mean I will not be hired.

I have been told that if I choose to be tested:

- I will have to provide a urine specimen at a facility chosen by the Village and cooperate in the facility's normal collection procedures;
- My specimen will be sent to a laboratory chosen by the Village and tested for evidence I use marijuana, cocaine, opiates, PCP, and amphetamines etc;
- If the lab finds no evidence of such drug use in my urine, I will have passed the test and my (but not necessarily) be hired;
- If the lab finds evidence of such drug use in my urine, a doctor retained by the Village will make reasonable efforts to contact me to offer me an opportunity to rebut or explain my test results. If I rebut or explain the results to the satisfaction of the doctor, I will be treated as if I have passed the test;
- If I do not satisfactorily rebut or explain any evidence of drug use, the doctor will disclose my results to the Village and I will not be hired;
- If I fail the test, I may re-apply in six months or after submitting evidence I am participating successfully in a drug treatment program.

After considering my option, I have freely, knowingly, and voluntarily decided to:

_____ Consent to be tested

_____ Refuse to be tested

Applicant Signature

Date and Time

Village of Indian Head Park

NOTICE REGARDING BACKGROUND INVESTIGATION IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

Pursuant to your application for employment with the Village of Indian Head Park (“the Village”), the Village and/or a third party (e.g. – a “consumer reporting agency”) will conduct a background investigation for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” obtained from a consumer reporting agency, which may include but is not necessarily limited to information about your past and present employment activities, behavioral profile, personal finances, criminal history, causes of action and civil lawsuits, driving record, educational history, medical records, and any personal information collected concerning your character, general reputation, personal characteristics and/or mode of living, and will involve personal interviews with sources such as your neighbors, friends, and/or associates. These reports may be obtained at any time after receipt of your authorization and, if you hired, throughout your employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these forms. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer report” at any time after receipt of this authorization and, if I am hired, throughout my employment. I also consent to the obtaining of medical information. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, professional association, consultant, physician, and/or insurance company to furnish, disclose and/or comment on any and all background information requested by the Village or any third party acting on its behalf. I also agree that a facsimile (“fax”) or photographic copy of this authorization shall be as valid as the original.

I release the Village and its officers, officials, directors, agents, employees and affiliates from any and all liability for damages of whatever kind which may arise from or relate to any background information requested, obtained or used by the Village in connection with my application for employment.

Printed Name: _____ Social Security Number: _____

Signature: _____ Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer-reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. “1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA; if you request a report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone, such as a creditor who reports to a CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors, and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 * (202) 326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Officer of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * (800) 613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) Savings associations and federally chartered savings banks (word “Federal”	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * (202) 452-3693 Office of Thrift Supervision Consumer Programs Washington, DC 20552 * (800) 842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * (703) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * (202) 720-7051

VILLAGE OF INDIAN HEAD PARK, ILLINOIS

Waiver For The Indian Head Park Police Department

I do hereby authorize the Indian Head Park Police Department, Indian Head Park, Illinois to conduct a background investigation for the purpose of obtaining any information that would tend to indicate my employment within the police department would be a security risk.

I understand and realize that the information may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

SIGNED: _____

DATE: _____

WITNESSED: _____

POSITION APPLIED FOR: _____